



**South Carolina  
Children’s Health Assessment Survey  
SC CHAS 2016 Survey**

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## BRFSS SC Module 23: Random Child Selection (State 7: Respondent's Relation)

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**CATI: IF C07Q07 = 88, or 99 (no children under age 18 in the household, or refused) GO TO BRFSS SC Module 4.**

SC02Q01. **CATI IF C07Q07 = 1:**

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

What is the birth month and year of the child?

\_\_\_\_\_ Month / Year

777777 Don't know/Not sure

999999 Refused

**CATI IF C07Q07 > 1 AND C07Q07 NOT = 88, 99:**

Previously, you indicated there were [CATI FILL: C07Q07] children age 17 or younger in your household. Think about those [CATI FILL: C07Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [CATI FILL: second/third/fourth, etc.] child. Please include children with the same birth date, including twins, in the order of their birth.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.**

**Random seed from RANDSEED is used to select a specific child.**

I have some additional questions about one specific child. The child I will be referring to is the [CATI INSERT random number with format: first child, second child, etc.] in your household. All of the following questions about children will be about the [CATI INSERT random number with format: first child, second child, etc.].

What is the birth month and year of the child?

\_\_\_\_\_ Month / Year

777777 Don't know/Not sure

999999 Refused

SC02Q02. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

**CATI: GO TO BRFSS SC MODULE 3.**  
**BRFSS SC Module 3: CHAS Follow-up**

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**CATI: IF QSTPATH = 1 and Ever Asthma (C05Q04 = 1 - Yes) and 1+ children in HH (C07Q07 = 1--76) go to SC Module 4 (AAFU). IF QSTPATH = 1 and Ever Asthma (C05Q04 >= 2 - No) and 1+ children in HH (C07Q07 = 1--76) go to SC03Q01 (if landline) or SC03Q01a (if cell phone). IF QSTPATH = 1 and Ever Asthma (C06QQ04 >= 2 - No) and no children in HH (C07Q07 = 88) go to SC Module 5 (Disability). IF QSTPATH = 2 and 1+ children in HH (C07Q07 = 1--76) go to SC03Q01 (if landline) or SC03Q01a (if cell phone).**

**CATI: IF CELL PHONE GO TO SC03Q01a. IF LANDLINE GO TO SC03Q01.**

SC03Q01a. We are assessing the health of children in South Carolina. The information we collect will help us improve child health services in our state.

Are you well-informed about the child's health and able to answer questions about the health and health practices of this child?

- 1 Yes **[GO TO SC03Q03a]**
- 2 No **[GO TO SC03Q07]**

SC03Q01. We are assessing the health of children in South Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child.

**[NOTE: If needed say, "the one we've just been talking about."]**

All of the information we collect will be kept confidential. Would this be OK with you?

- 1 Yes
- 2 No **[GO TO NEXT BRFSS SC MODULE]**

SC03Q02. Are YOU the person in the household who knows the most about the health and health practices of this child?

- 1 Yes **[Go to SC03Q03a]**
- 2 No **[Go to SC03Q03b]**

SC03Q03a. And what is your relationship to this child?

**[IF respondent says 'Mother' or 'Father' PROBE: 'Are you his/her biological mother/father?']**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father

- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

**CATI: GO TO SC03Q04.**

SC03Q03b. Who would that person be in your household (the person who knows most about the health of the child)?

**[INTERVIEWER: IF respondent says 'Mother' or 'Father' PROBE: 'Would this be his/her biological (real) mother/father?']**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

SC03Q03c. And what is YOUR relationship to this child?

**[CATI NOTE: IF SC03Q03a or SC03Q03b = 01 (biological mother) THEN SC03Q03c cannot = 01; ELSE IF SC03Q03a or SC03Q03b = 05 (biological father) THAN SC03Q03c cannot = 05.]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

SC03Q04. Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his/her initials.

[NOTE: If parent refuses name, just ask for the child's initials or a nick name.]

\_\_\_\_\_ Child's name

SC03Q05. When would be the best time to call **[CATI FILL, IF LANDLINE: 'your household' IF CELLPHONE: 'you back']**? Would you say: Daytime, Evenings or Weekends?

[Note: If respondent says no best time to call then select 2 for evenings.]

- 1 Daytime
- 2 Evenings
- 3 Weekends
  
- 7 Don't know/not sure
- 9 Refused

SC03Q06. In our follow-up survey, we will be asking about the CHILD'S HEIGHT AND WEIGHT. In the next few days, please be sure to measure the child's height with the child's shoes off and with (his/her) back to the wall and weigh (him/her) on a scale with (his/her) shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes.

**IF SC03Q03b ≤14, show:**

Please be sure to tell (CHILD)'s [CATI fill SC03Q03b [see CHAS vRelate code] that we will be calling in the next two weeks. Also, please be sure that (CHILD)'s height is measured with (his/her) shoes off and back against the wall and weighed on a scale with (his/her) shoes off. We will be asking for (CHILD)'s height and weight in our follow-up survey. The rest of this survey should only take a few more minutes.

Press '1' to continue.

SC03Q07. Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

1 continue to next section

**CATI: GO TO NEXT BRFSS SC MODULE.**

## CHAS Introductory Script

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- IntroQst. HELLO, my name is (interviewer name) and I'm calling for the South Carolina Department of Health and Environmental Control. This is about our follow-up survey of children's health in South Carolina. Is this (phone number)?
- 1 Correct Number - **CATI GO TO IntroAd**
  - 2 Number is not the same – **CATI GO TO WrongNum**
- WrongNum. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.
- Interviewer: Press '1' to continue.
- IntroAd. **CATI, IF LANDLINE:**  
A couple weeks ago we spoke to an adult member of your household who agreed to participate in our follow-up survey of SC children. The person we would like to speak to is the (parent/guardian identified in BRFSS) of (CHILD).  
  
Are you (CHILD)'s (parent/guardian identified in BRFSS)?
- 1 Yes - **CATI GO TO Intro2**
  - 2 No - **CATI GO TO GetAdult**
- CATI, IF CELL PHONE:**  
Are you (CHILD)'s (parent/guardian identified in BRFSS)?
- [NOTE: If yes, ask: Is this a safe time to talk with you now or are you driving? If driving then press F3 and schedule call back]
- 1 Yes, safe time to talk – **CATI GO TO Intro2**
  - 2 No - **CATI GO TO GetAdult**
- GetAdult. Is (CHILD)'s (parent/guardian identified in BRFSS) available to speak with me?
- 1 Yes, SR adult is coming to the phone - **CATI GO TO Intro1**
  - 2 No, SR adult not available now, schedule callback
  - 3 No, SR adult will not do survey, adult on phone will do survey - **CATI GO TO Intro2**
- Intro1. HELLO, I'm calling for the South Carolina Department of Health and Environmental Control. My name is (name). We are gathering information on the health of children in our state. Several weeks ago we spoke to an adult member of your household who suggested that you would be the most knowledgeable person to talk to about (CHILD)'s health. In this survey we will be asking you questions about (CHILD)'s health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be kept confidential. If you have any

questions about this survey please call 1-800-476-3803 to get more information. This interview will take about 10-15 minutes.

1 Person interested, continue - **CATI GO TO [K01Q01](#)**

Intro2. In this survey, we will be asking you questions about the health and health practices of your child named, (CHILD). You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call 1-800-476-3803 to get more information. This interview will take about 25 minutes.

1 Person interested, continue - **CATI GO TO [K01Q01](#)**

## Section 1: Respondent Relationship to Child

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K01Q01. Just to verify, are you (CHILD)'s biological, step, or adoptive mother/father?

**[NOTE: If NOT mother or father, then ask: "Just to verify, what is your relationship to (CHILD)?"]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

## Section 2: General Health

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K02Q01. Would you say that (CHILD)'s health is: excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
  
- 7 Don't know/Not sure
- 9 Refused

### Section 3: General Information

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K03Q01. Other than yourself, how many other adults, ages 18 and older, live in your household?

\_\_\_\_\_ # of Adults (1-12, 77, 88, 99)

- 88 None **[GO TO K03Q03a]**
- 77 Don't know/not sure **[GO TO K03Q03a]**
- 99 Refused **[GO TO K03Q03a]**

**[CATI: IF K03Q01 = 0 THEN GO TO K03Q03a.]**

K03Q02. What is their relationship to (CHILD)?

**[PROMPT: IF respondent says "Mother" or "Father" PROBE: 'Is that his/her biological, adoptive, step, or foster mother/father?']**

**[NOTE: Mark all that apply.]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (any type)
- 14 Brother (any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other Relationship
- 21 Respondent's Partner or Boy/Girlfriend
- 22 In-law of any type
- 23 Two or more of the same relationship type
- 77 Don't know/ Not Sure
- 99 Refused

**[CATI: If vSC02Q01 >= 77777 SKP TO K03Q03]**

K03Q03a. Earlier someone said that (CHILD) was **[CATI FILL: CHILD AGE]** years old. Is this correct?

- 1 Yes **[GO TO K03Q04]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K03Q03. How old is (CHILD)?

**[NOTE:** If parent refuses to give child's age, say "Many of the questions in this survey are for certain age groups only. Can you give us an approximate age?"]

**[NOTE:** Use this approach for assessing age: Child 0-11 months = 0 year  
Child 12-23 months = 1 year  
Child 24-35 months = 2 years]

-- (0-17; code '0' if under 1 year)  
(if 18 since selected then code as '17')

- 77 Don't know/Not sure
- 99 Refused

**[CATI: If CHILD AGE < 3 then GO TO K03Q05.]**

K03Q04. What grade is (CHILD) in?

- 1 Grade 1
- 2 Grade 2
- 3 Grade 3
- 4 Grade 4
- 5 Grade 5
- 6 Grade 6
- 7 Grade 7
- 8 Grade 8
- 9 Grade 9
- 10 Grade 10
- 11 Grade 11
- 12 Grade 12 or higher
- 13 Kindergarten
- 14 PreSchool
- 15 Not yet in School
- 16 No longer in school
- 77 Don't know/not sure
- 99 Refused

[If K03Q03 = 77,99 then CHILD AGE is coded by grade]

[CATI: If K03Q03 = 77,99 & ANS = 77,99 THEN GO TO KnoAge.]

### KnoAge

Thank you very much, but we are only interviewing children of a certain age. **STOP**

[CATI: If CHILD AGE > 4 then GO TO NEXT SECTION.]

K03Q05. In the past 30 days has this child been cared for in: childcare, daycare, center based care, faith based care, group home care, preschool, 4 year old Kindergarten, or Head Start?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

## Section 4: Weight/Height

---

[CATI: IF CHILD AGE < 2 GO TO [NEXT SECTION](#)]

K04Q01a. How much does (CHILD) weigh now?

[NOTE: If respondent's answer is metric, place a '9' in the first position, see example below.]

[NOTE: Round fractions up.]

— — —	Enter weight in whole pounds or kilograms (Ex. 99 lbs = 0099, 45 kg = 9045)
7 7 7 7	Don't know/ Not sure <b>[GO TO K04Q02a]</b>
9 9 9 9	Refused <b>[GO TO K04Q02a]</b>

[CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex then show:  
"Interviewer you indicated the child weighs [CATI FILL: K04Q01a]. IS THIS CORRECT?"  
Yes, correct as is -GO TO K04Q01b; No, reask question – GO TO K04Q01a.]

K04Q01b. How did you arrive at **[CATI FILL: K04Q01a]** for (CHILD)'s weight?

**[NOTE:** If SR says child was weighed more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]

[Please read 1-6.]

- 1 Your child told you. **[CATI: ask response #1 only if child age 3 years and older; if age ≤ 2 show: "THIS MENU ITEM NOT AVAILABLE (Child too young)"]**
- 2 You estimated or guessed your child's weight.
- 3 You used a bathroom scale within the past 3 months.
- 4 The child was weighed at the doctor's office in the past 3 months.
- 5 The child was weighed at school in the past 3 months, OR
- 6 Some other way.
- 7 Don't know/ Not sure
- 9 Refused

K04Q02a. How tall is (CHILD) now?

**[NOTE:** If respondent answers in metrics, place a '9' in the first position, see example below.]

**[NOTE:** Round fractions down.]

- |         |  |
|---------|--|
| ----    | Enter height in feet and inches (Ex. 5 feet 9 inches = 509)<br>or meters and centimeters (Ex. 1 meter 75 centimeters = 9175) |
| 7 7 7 7 | Don't know/Not sure <b>[GO TO K04Q03]</b>  |
| 9 9 9 9 | Refused <b>[GO TO K04Q03]</b>  |

**[CATI: If height < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex show: "Interviewer you indicated that (CHILD) was [CATI FILL: K04Q02a] tall. IS THIS CORRECT?" Yes, correct as is -GO TO K04Q02b; No, reask question – GO TO K04Q02a.]**

K04Q02b. How did you arrive at **[CATI FILL: K04Q02a]** for (CHILD)'s height?

**[NOTE:** If SR says child was measured more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]

[Please read 1-6.]

- 1 Your child told you. **[CATI: ask response #1 only if child age 3 years and older; if age ≤ 2 show: "THIS MENU ITEM NOT AVAILABLE (Child too young)"]**
- 2 You estimated or guessed your child's height.
- 3 You used a tape measure or yard stick within the past 3 months.
- 4 The child's height was measured at the doctor's office in the past 3 months.
- 5 The child's height was measured at school in the past 3 months, OR
- 6 Some other way.
- 7 Don't know/ Not sure
- 9 Refused

K04Q03. During the past year, has your child's physician or another health professional told you that your child was overweight or obese?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K04Q04a. In the past year, has your child's physician or another health care professional discussed your child's weight with you?

- 1 Yes
- 2 No **[GO TO K05Q01]**
  
- 7 Don't know/Not sure **[GO TO K05Q01]**
- 9 Refused **[GO TO K05Q01]**

K04Q04b. If yes, what did he/she advise you about your child's weight?

- 1 Underweight
- 2 Healthy Weight
- 3 Overweight
- 4 Obese
  
- 7 Don't know/Not sure
- 9 Refused

## **Section 5: Breastfeeding**

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**[CATI: If respondent is biological parent (K01Q01=1 or 5) then GO TO K05Q01; else GO TO [NEXT SECTION](#)]**

Now I am going to ask you a few questions about breastfeeding.

**NOTE: Breastfeeding includes mothers "pumping" their breastmilk for bottle-feeding their child.**

K05Q01. Was (CHILD) breastfed for any length of time?

- 1 Yes **[GO TO K05Q03a]**
- 2 No
  
- 7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**
- 9 Refused **[GO TO [NEXT SECTION](#)]**

K05Q02. What is the main reason (CHILD) was not breastfed?

**NOTE:** Breastfeeding includes mothers “pumping” their breastmilk for bottle-feeding their child.

[Mark all that apply. Read 1-13 only if necessary.]

- 1 mother didn't like breastfeeding
- 2 mother went back to work or school
- 3 mother had other children to care for
- 4 mother was embarrassed
- 5 breastfeeding was inconvenient
- 6 baby or mother was sick
- 7 mother was taking medication
- 8 baby would not latch on/had trouble breastfeeding
- 9 mother did not produce enough milk
- 10 baby was premature
- 11 husband/partner did not want mother to breastfeed
- 12 mother's family did not support her
- 13 Other (specify: K05Q02ot)
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: GO TO [NEXT SECTION](#)]**

K05Q03a. For how many days, weeks, or months was (CHILD) breastfed?

**NOTE:** Breastfeeding includes mothers “pumping” their breastmilk for bottle-feeding their child.

\_\_\_ Enter Value

- 888 Still breastfeeding
- 777 Don't know/ not sure
- 999 Refused

**[CATI: IF K05Q03a = 777, 999 THEN GO TO K05Q04a; IF K05Q03a = 888 THEN GO TO K05Q03bv.]**

K05Q03b. MARK PERIOD

- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 4 YEARS

K05Q03bv. Interviewer you indicated that (CHILD) was breastfed for **[CATI FILL: K05Q03a K05Q03b; IF K05Q03a = 888 show “is still breastfeeding”]**. IS THIS CORRECT?

- 1 Yes, correct as is **[GO TO K05Q04a]**
- 2 No, **[GO TO K05Q03a to reask]**

K05Q04a. At what age did you first begin to give (CHILD) any formula, food or water other than breast milk?

\_\_\_ Enter value

888 Still EXCLUSIVELY breastfeeding

777 Don't know/Not sure

999 Refused

**[CATI: IF K05Q04a = 777, 999 THEN GO TO K05Q05; IF K05Q04a = 888 THEN GO TO K05Q04bv.]**

K05Q04b. MARK PERIOD

1 DAYS

2 WEEKS

3 MONTHS

4 YEARS

K05Q04bv. Interviewer you indicated that (CHILD) was given formula, food or water other than breast milk at **[CATI FILL: K05Q04a K05Q04b; IF K05Q04a = 888 show "is still exclusively breastfeeding"]** old. IS THIS CORRECT?

1 Yes, correct as is **[GO TO K05Q05]**

2 No, (will GO to K05Q04a to reask)

K05Q05. What is the main reason (CHILD) stopped breastfeeding?

**NOTE: Breastfeeding includes mothers "pumping" their breastmilk for bottle-feeding their child.**

[Mark all that apply. Read 1-11 only if necessary.]

1 mother went back to work or school

2 child had difficulty nursing

3 breastmilk did not satisfy baby

4 baby was not gaining enough weight

5 breastfeeding was inconvenient

6 mother felt right time to stop/ felt child was old enough to stop

7 mother did not have support of husband/partner and/or family

8 mother became pregnant

9 mother was sick

10 mother did not produce enough milk

11 other (specify: K05Q05ot)

77 Don't know/Not sure

99 Refused

## Section 6: Health Care Access and Utilization

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These next questions are about health insurance.

K06Q01. Does (CHILD) have any kind of health care coverage, including private health insurance, prepaid plans such as HMOs, or government plans such as South Carolina Healthy Connections?

**[NOTE:** Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances. SC Healthy Connections is the name of the state program that helps people enroll in one of the following Medicaid health plans for uninsured children in South Carolina: Absolute Total Care, BlueChoice HealthPlan Medicaid, Carolina Medical Homes, First Choice by Select Health of SC, Palmetto Physician Connections, South Carolina Solutions, or United Healthcare Community Plan.]

1 Yes **[GO TO K06Q03]**

2 No

7 Don't know/Not sure

9 Refused

K06Q02. During the past 12 months was there any time when (he/she) was covered by ANY health insurance?

1 Yes

2 No **[GO TO K06Q05]**

7 Don't know/Not sure **[GO TO K06Q08]**

9 Refused **[GO TO K06Q08]**

K06Q03. What is (her/his) primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills.

**[CATI: IF K06Q02 EQ 1 THEN ASK:** “What was (her/his) primary health insurance plan at that time? This was the plan which paid the medical bills first or paid most of the medical bills.”]

**[NOTE:** Medicaid is a state health insurance program for families and individuals who have limited financial resources or special circumstances. If you have Medicaid coverage, you will have a card that has SC Healthy Connections written on it with a number to call for help. It may also have a managed care plans name on it such as First Choice by Select Health, Absolute Total Care, BlueChoice, Molina, Advicare, or Wellcare which is the Plan that provides you with Medicaid services.

[Please Read 1-4.]

1 Private health insurance from your job or someone else's job

2 Private health insurance purchased directly from an insurance company by you or someone else

3 Medicaid

4 TRICARE or other military health care

5 Some other source

77 Don't know/Not sure

99 Refused

**[CATI: IF K06Q02 = 1 THEN GO TO K06Q05]**

K06Q04. During the past 12 months was there any time when (s/he) was not covered by ANY health insurance?

- 1 Yes
- 2 No **[GO TO K06Q08]**
- 7 Don't know/Not sure **[GO TO K06Q08]**
- 9 Refused **[GO TO K06Q08]**

**[CATI: IF (K06Q01 = 2) OR (K06Q04 = 1) THEN GO TO K06Q05. ELSE GO TO K06Q06.]**

K06Q05. What was the MAIN reason that (CHILD) did not have health insurance coverage?

**[CATI if K06Q01 ≥ 2 then show “What is the MAIN reason that (CHILD) does not have health insurance coverage NOW”?]**

**If needed, say: “The main reason is the most important reason.”**

[Read 1-12 only if necessary.]

- 1 Costs too much
- 2 Can't get insurance through employer
- 3 Between jobs/ unemployed
- 4 Don't want/ don't need insurance
- 5 Medicaid benefits stopped
- 6 Unable to get or was refused coverage because of child's health status
- 7 No spouse/dependent coverage purchased
- 8 Don't know how to get coverage
- 9 Ineligible for government programs (e.g. Medicaid, Health Check, Health Choice)
- 10 Changing jobs or insurance policies
- 11 Have applied or re-enrolled/waiting for paperwork to clear
- 12 Just don't have/Haven't applied/Intend to apply or re-enroll but haven't done so
- 13 Other reason (specify: K06Q06ot)
- 77 Don't know/Not sure
- 99 Refused

K06Q08. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as (CHILD)'s personal doctor or nurse?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K06Q12. During the past 12 months, how often did (CHILD)'s doctors and other health care providers spend enough time with (him/her)? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure
- 8 N/A (No health professional seen last 12 months)
- 9 Refused

K06Q13. During the past 12 months, how often did (CHILD)'s doctors and other health care providers help you feel like a partner in (his/her) care? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure
- 8 N/A (No health professional seen last 12 months)
- 9 Refused

K06Q17. During the past 12 months, how often did (CHILD)'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure
- 8 N/A (No health professional seen last 12 months)
- 9 Refused

**INTRODUCTION**

Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future.

K06Q18. During the past 12 months, how often did you get the specific information you needed from [CHILD]'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure
- 8 N/A (No health professional seen last 12 months)
- 9 Refused

**[CATI if child >= 12 months old, "During the past 12 months", Else "Since (his/her) birth"]**

K06Q19. Did [CHILD] need a referral to see any doctors or receive any services?

- 1 Yes
- 2 No [ GO TO K06Q21]
  
- 7 Don't know / Not Sure [GO TO K06Q21]
- 9 Refused [GO TO K06Q21]

K06Q20. Was getting referrals a big problem, a small problem, or not a problem?

- 1 Big Problem
- 2 Small Problem
- 3 Not a Problem
  
- 7 Don't Know / Not Sure
- 9 Refused

K06Q21. What kind of place does (s/he) go to most often for sick care?  
[Read 1-9 if necessary.]

- 1 A doctor's office
- 2 A public health department/community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 A school nurse
- 7 A school based Health Center
- 8 Some other kind of place
- 9 No usual place
  
- 77 Don't know/Not sure
- 99 Refused

K06Q22. When [CHILD] is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know / Not Sure
- 9 Refused

**NOTE: An interpreter is someone who repeats what one person says in a language used by the other person**

K06Q23. During the past 12 months / Since [CHILD]'s birth, did you or [CHILD] need an interpreter to help speak with [his/her] doctor or other health care providers?

- 1 Yes
- 2 No ---- SKIP TO NEXT SECTION, K07Q09
  
- 7 Don't Know / Not Sure --- SKIP TO NEXT SECTION, K07Q09
- 9 Refused --- SKIP TO NEXT SECTION, K07Q09

**[CATI if child > 2 years old, "... did you or [CHILD] need", Else "... did you need"]**

K06Q24. When you or [CHILD] needed an interpreter, how often were you able to get someone other than a family member to help you speak with [his/her] doctors or other health care providers?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't Know / Not Sure
- 9 Refused

**[CATI if child > 2 years old, "... did you or [CHILD] need", Else "... did you need"]**

## **Section 7: Immunizations**

---

**[CATI: If AGEYRS < 10 THEN GO TO K07Q09.]**

Human papillomavirus (Human Pap·uh·loh·muh Virus) or HPV can cause genital warts or certain cancers in both males and females. Two vaccines to prevent HPV infection are now available that some people call HPV shots, GARDASIL or Cervarix. I'll call it the HPV vaccine.

K07Q01. Have you ever heard of the HPV vaccine?

- 1 Yes
- 2 No **[GO TO K07Q09]**
  
- 7 Don't know/Not sure **[GO TO K07Q09]**
- 9 Refused **[GO TO K07Q09]**

- K07Q02. Where did you hear of the HPV Vaccine?
- 1 Through (CHILD's) School?
  - 2 From (CHILD'S) health care provider?
  - 3 From an advertisement by a drug company?
  - 4 In news stories or on web sites other than advertisements by drug companies?
  - 5 Other source
  - 7 Don't know/Not sure **[GO TO K07Q09]**
  - 9 Refused **[GO TO K07Q09]**
- K07Q03. Has (CHILD) had any shots of the HPV vaccine?
- 1 Yes **[GO TO K07Q06]**
  - 2 No
  - 7 Don't know/Not sure **[GO TO K07Q09]**
  - 9 Refused **[GO TO K07Q09]**
- K07Q04. What is the MAIN reason (CHILD) has NOT received the HPV vaccine?  
**[NOTE: If needed, say: "Is there any reason...(PAUSE)...for example, the child hasn't been to the doctor recently, the vaccine costs too much, you don't believe the child needs the vaccine, or you need more information about it?"]**
- 1 Haven't been to the doctor recently
  - 2 Health care provider did not recommend / didn't know child needed it
  - 3 Vaccine not available in provider's office
  - 4 Provider said child should not get the vaccine
  - 5 Vaccine costs too much or is not covered by insurance
  - 6 Concerns about vaccine safety or side effects
  - 7 Don't believe child needs the vaccine
  - 8 Don't know enough/need more information
  - 9 Health care provider recommended a medical exemption (medical reason for not getting shot)
  - 10 Because of religious reasons
  - 11 Child too young/ not old enough
  - 12 Child is afraid of getting shots
  - 13 Child is not sexually active
  - 14 Child was sick
  - 15 Plan to/ have appointment to get shot
  - 16 Didn't know it was for boys
  - 17 Other (Specify: K07Q04ot)
  - 77 Don't know/Not sure
  - 99 Refused

K07Q05. How likely are you to get the HPV vaccine for (CHILD) in the next 12 months? Would you say you definitely won't, probably won't, probably will, or definitely will?

- 1 Definitely won't
- 2 Probably won't
- 3 Probably will
- 4 Definitely will
  
- 7 Don't know/Not sure
- 9 Refused

**[CATI for K07Q05: GO TO K07Q09]**

K07Q06. How many shots of the HPV vaccine has (CHILD) had?

- 1 1 shot
- 2 2 shots
- 3 3 shots
- 4 At least one shot, but not sure how many
  
- 7 Don't know/Not sure
- 9 Refused

---

K07Q09. During the past 12 months, has (CHILD) had a flu shot or a flu vaccine that was sprayed into (his/her) nose?

**[NOTE: A flu shot is an influenza vaccine injected into the arm.]**

- 1 Yes
- 2 No
  
- 7 Don't know/Not Sure
- 9 Refused

## **Section 8: Demographics**

---

Next, we have some basic questions about your family. We ask these questions to compare health indicators among different groups of people.

K08Q01. Is (CHILD) Hispanic or Latino?

- 1 Yes
- 2 No
  
- 7 Don't know/Not Sure
- 9 Refused

K08Q02. Which one or more of the following would you say is (his/her) race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native, or Other?

[INTERVIEWER: Check all that apply.]

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other: (specify: K08Q02ot)
  
- 7 Don't know/Not sure
- 9 Refused
- 8 No additional choices

[CATI: IF ONLY ONE RESPONSE TO K08Q02 THEN GO TO K08Q04]

K08Q03. Which one of these groups would you say best represents (CHILD)'s race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other: (specify: K08Q03ot)
  
- 7 Don't know/Not sure
- 9 Refused

K08Q04. What is the highest grade or year of school completed by anyone in your household?

[Read 1-6 Only if Necessary.]

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
  
- 7 Don't know/Not sure
- 9 Refused

K08Q05. What is your age?  
\_\_\_\_ Enter value (in years)  
7 7 7 Don't know/Not sure  
9 9 9 Refused

[CATI: IF K03Q04 = 15 or 16 (child not in school), GO TO [NEXT SECTION](#)]  
[CATI: IF AGEYRS < 3 THEN GO TO [NEXT SECTION](#)]

K08Q06. Is (CHILD) enrolled in public school, private school or home schooled?  
1 Public School (include charter schools)  
2 Private School  
3 Home Schooled  
4 Child not in school  
  
7 Don't know/Not sure  
9 Refused

## Section 9: School Performance

---

[CATI: If K08Q06 = 1, 2 (child in Public or Private school) then GO TO K09Q01; else GO TO [NEXT SECTION](#)]

K09Q01. How would you describe (CHILD)'s grades in school over the past 12 months? Would you say they were MOSTLY A's, B's, C's, D's, or F's?  
1 A's  
2 B's  
3 C's  
4 D's  
5 F's  
6 School does not use letter grading system  
  
7 Do not know  
9 Refused

K09Q02. **QUESTION STEM:** During the past 12 months, about how many days did (CHILD) miss school:

K09Q02a. Because of an illness?

\_\_\_ :Number of days

215 Entire school year  
888 No school days missed  
777 Don't know/Not sure  
999 Refused

K09Q02b. Because of an injury?

\_\_\_ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

K09Q02c. Because of some other reason?

\_\_\_ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

## Section 10: Asthma

---

**[CATI: If CHILD AGE < 1 then GO TO [NEXT SECTION](#)]**

These next questions are about childhood asthma.

K10Q01. Has a doctor ever told you that (CHILD) has asthma?

- 1 Yes
- 2 No ----- SKIP TO NEXT SECTION, K11Q01
- 7 Don't know/Not sure --- SKIP TO NEXT SECTION, K11Q01
- 9 Refused ----- SKIP TO NEXT SECTION, K11Q01

**[CATI: IF K10Q01 ≠ 1 (CHILD DOES NOT HAVE ASTHMA), GO TO NEXT SECTION]**

K10Q03. Does (CHILD) still have asthma?

- 1 Yes **[GO TO NEXT SECTION]**
- 2 No **[GO TO NEXT SECTION]**
- 7 Don't know/Not sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

## Section 11: Child Health Conditions

---

These next questions are about health conditions.

K11Q01. Has a doctor or health professional ever told you that (CHILD) has diabetes (or high blood sugar)?

- 1 Yes **[GO TO K11Q01a]**
- 2 No **[GO TO K11Q02]**
  
- 7 Don't know/Not sure **[GO TO K11Q02]**
- 9 Refused **[GO TO K11Q02]**

K11Q01a. Was (CHILD) diagnosed with Type I (Juvenile) Diabetes or Type II Diabetes?

- 1 Type I **[GO TO K11Q03]**
- 2 Type II **[GO TO K11Q03]**
  
- 7 Don't know/Not sure **[GO TO K11Q03]**
- 9 Refused **[GO TO K11Q03]**

K11Q02. Has a doctor or health professional ever told you that (CHILD) has borderline diabetes or pre-diabetes?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF CHILD AGE < 3 GO TO K11Q04]**

K11Q03. Has a doctor or health professional ever told you that (CHILD) has high blood pressure?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K11Q04. Has a doctor or health professional ever told you that (CHILD) has a permanent hearing loss or hearing impairment?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refus

## Section 12: Children with Special Health Care Needs

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These next questions are about any kind of health problems, concerns, or conditions that may affect (CHILD'S) behavior, learning, growth, or physical development.

K12Q01. Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

**[NOTE:** This only applies to medications prescribed by a doctor. Over-the-counter drugs such as headache medication are not included. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO K12Q04]**
  
- 7 Don't know/Not sure **[GO TO K12Q04]**
- 9 Refused **[GO TO K12Q04]**

K12Q02. Is (CHILD)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K12Q03. Has (CHILD)'s need for prescription medication lasted or is it expected to last 12 months or longer?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K12Q04 Does (CHILD) need or use more medical care, **[CATI: If age ≥ 2 yrs, SHOW: "mental health or educational services"]** than is usual for most children of the same age?

- 1 Yes
- 2 No **[GO TO K12Q07]**
  
- 7 Don't know/Not sure **[GO TO K12Q07]**
- 9 Refused **[GO TO K12Q07]**

**[NOTE:** This refers to a current condition. The respondent should only reply with 'Yes' if the child currently has a special health care need.]

K12Q05. Is (CHILD)'s need for medical care, [**CATI: If age ≥ 2 yrs, SHOW:** "mental health or educational services"] because of ANY medical, behavioral, or other health condition?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K12Q06. Has (CHILD)'s need for medical care, mental health or educational services lasted or is it expected to last 12 months or longer?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K12Q07. Is (CHILD) limited or prevented in any way in (his/her) ability to do the things most children of the same age can do?

[**NOTE:** Limited or prevented: things the child can't do as much or can't do at all that most children the same age can do. The respondent should reply "Yes" if the child currently has a special health care need.]

1 Yes  
2 No [**GO TO K12Q10**]

7 Don't know/Not sure [**GO TO K12Q10**]  
9 Refused [**GO TO K12Q10**]

K12Q08. Is (CHILD)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K12Q09. Has (CHILD)'s limitation in abilities lasted or is it expected to last 12 months or longer?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K12Q10. Does (CHILD) need or get SPECIAL THERAPY, such as physical, occupational, or speech therapy?

[NOTE: Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No [GO TO INSTRUCTIONS BEFORE K12Q15a]
- 7 Don't know/Not sure [GO TO INSTRUCTIONS BEFORE K12Q15a]
- 9 Refused [GO TO INSTRUCTIONS BEFORE K12Q15a]

K12Q11. Is (CHILD)'s need for special therapy because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K12Q12. Has (CHILD)'s need for special therapy lasted or is it expected to last for at least 12 months?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

[CATI: IF K12Q01=2 AND K12Q04=2 AND K12Q07=2 AND K12Q10=2 THEN GO TO [NEXT SECTION](#), K13Q01.]

[CATI: IF CHILD AGE < 5, GO TO K12Q19a]

Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [CHILD] had the condition, even if (he/she) does not have the condition now.

K12Q15a. Has a doctor or other health care provider ever told you that CHILD had Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q15a IS NOT "1," THEN GO TO K12Q16a.]**

K12Q15b. Does [CHILD] currently have ADD or ADHD?

- 1 Yes
- 2 No **[GO TO K12Q16A]**
  
- 77 Don't know/Not sure **[GO TO K12Q16A]**
- 99 Refused **[GO TO K12Q16A]**

K12Q15c. Would you describe [his/her] ADD or ADHD as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 8 Refused

K12Q16a. Has a doctor or other health care provider ever told you that CHILD had Depression?

- 1 Yes
- 2 No
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q16a IS NOT "1," THEN GO TO K12Q17a.]**

K12Q16b. Does [CHILD] currently have Depression?

- 1 Yes
- 2 No **[GO TO K12Q17A]**
  
- 77 Don't know/Not sure **[GO TO K12Q17A]**
- 99 Refused **[GO TO K12Q17A]**

K12Q16c. Would you describe [his/her] Depression mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 8 Refused

K12Q17a. Has a doctor or other health care provider ever told you that CHILD had Anxiety Problems?

- 1 Yes
- 2 No

- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q17a IS NOT "1," THEN GO TO K12Q18a.]**

K12Q17b. Does [CHILD] currently have Anxiety problems?

- 1 Yes
- 2 No **[GO TO K12Q18A]**

- 77 Don't know/Not sure **[GO TO K12Q18A]**
- 99 Refused **[GO TO K12Q18A]**

K12Q17c. Would you describe [his/her] Anxiety problems as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

- 7 Don't know/Not sure
- 8 Refused

K12Q18a. Has a doctor or other health care provider ever told you that CHILD had Behavioral Conduct Problems?

- 1 Yes
- 2 No

- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q18a IS NOT "1," THEN GO TO K12Q19a.]**

K12Q18b. Does [CHILD] currently have Behavioral Conduct Problems?

- 1 Yes
- 2 No **[GO TO K12Q19A]**

- 77 Don't know/Not sure **[GO TO K12Q19A]**
- 99 Refused **[GO TO K12Q19A]**

K12Q18c. Would you describe [his/her] Behavioral Conduct Problems as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 8 Refused

K12Q19a. (Has a doctor or other health care provider) ever told you that CHILD had Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

- 1 Yes
- 2 No
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q19a IS NOT "1," THEN GO TO K12Q20a.]**

K12Q19b. Does [CHILD] currently have autism or an autism spectrum disorder?

- 1 Yes
- 2 No **[GO TO K12Q20A]**
  
- 77 Don't know/Not sure **[GO TO K12Q20A]**
- 99 Refused **[GO TO K12Q20A]**

K12Q19c. Would you describe [his/her] autism or an autism spectrum disorder as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 8 Refused

K12Q20a. (Has a doctor or other health care provider) ever told you that CHILD had Any developmental delay that affects (his/her) ability to learn?

- 1 Yes
- 2 No
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q20a IS NOT "1," THEN GO TO K12Q21a.]**

K12Q20b. Does [CHILD] currently have developmental delay?

- 1 Yes
- 2 No **[GO TO K12Q21A]**
  
- 77 Don't know/Not sure **[GO TO K12Q21A]**
- 99 Refused **[GO TO K12Q21A]**

K12Q20c. Would you describe [his/her] developmental delay as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 8 Refused

K12Q21a. (Has a doctor or other health care provider) ever told you that CHILD had Intellectual disability or mental retardation?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 Refused

**[CATI INSTRUCTION: IF K12Q21a IS NOT "1," THEN GO TO K12Q22a.]**

K12Q21b. Does [CHILD] currently have Intellectual disability or mental retardation?

- 1 Yes
- 2 No **[GO TO K12Q22A]**
  
- 77 Don't know/Not sure **[GO TO K12Q22A]**
- 99 Refused **[GO TO K12Q22A]**

K12Q21c. Would you describe [his/her] Intellectual disability as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 8 Refused

K12Q22a. (Has a doctor or other health care provider) ever told you that CHILD had Epilepsy or seizure disorder?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q22a IS NOT "1," THEN GO TO K12Q23a.]**

K12Q22b. Does [CHILD] currently have epilepsy or seizure disorder?

1 Yes

2 No **[GO TO K12Q23A]**

77 Don't know/Not sure **[GO TO K12Q23A]**

99 Refused **[GO TO K12Q23A]**

K12Q22c. Would you describe [his/her] epilepsy or seizure disorder as mild, moderate, or severe?

1 Mild

2 Moderate

3 Severe

7 Don't know/Not sure

8 Refused

K12Q23a. (Has a doctor or other health care provider) ever told you that CHILD had Migraines or frequent headaches?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q23a IS NOT "1," THEN GO TO K12Q24a.]**

K12Q23b. Does [CHILD] currently have Migraines or frequent headaches?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q24a. (Has a doctor or other health care provider) ever told you that CHILD had A head injury, concussion, or traumatic brain injury?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q24a IS NOT "1," THEN GO TO K12Q25a.]**

K12Q24b. Does [CHILD] currently have A head injury, concussion, or traumatic brain injury?

1 Yes

2 No **[GO TO K12Q25A]**

77 Don't know/Not sure **[GO TO K12Q25A]**

99 Refused **[GO TO K12Q25A]**

K12Q24c. Would you describe [his/her] injury as mild, moderate, or severe?

1 Mild

2 Moderate

3 Severe

7 Don't know/Not sure

8 Refused

K12Q25a. (Has a doctor or other health care provider) ever told you that CHILD had a Heart problem, including congenital heart disease?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q25a IS NOT "1," THEN GO TO K12Q26a.]**

K12Q25b. Does [CHILD] currently have a Heart problem, including congenital heart disease?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q26a. (Has a doctor or other health care provider) ever told you that CHILD had Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q26a IS NOT "1," THEN GO TO K12Q27a.]**

K12Q26b. Does [CHILD] currently have a blood problem?

1 Yes

2 No **[GO TO K12Q27A]**

77 Don't know/Not sure **[GO TO K12Q27A]**

99 Refused **[GO TO K12Q27A]**

**NOTE:** Only asked if YES to K2Q26A and K2Q26B (child currently has a blood problem).

K12Q26c. Are (his/her) blood problems related to anemia, sickle cell disease, hemophilia, or something else?

1 Anemia

2 Sickle Cell Disease

3 Hemophilia

4 Something Else

77 Don't know/Not sure

99 Refused

K12Q27a. (Has a doctor or other health care provider) ever told you that CHILD had Cystic Fibrosis?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q27a IS NOT "1," THEN GO TO K12Q28a.]**

K12Q27b. Does [CHILD] currently have Cystic Fibrosis?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q28a. (Has a doctor or other health care provider) ever told you that CHILD had Cerebral Palsy?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q28a IS NOT "1," THEN GO TO K12Q29a.]**

K12Q28b. Does [CHILD] currently have Cerebral Palsy?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q29a. (Has a doctor or other health care provider) ever told you that CHILD had Muscular Dystrophy?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q29a IS NOT "1," THEN GO TO K12Q30.]**

K12Q29b. Does [CHILD] currently have Muscular Dystrophy?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q30. (Has a doctor or other health care provider) ever told you that CHILD had Down Syndrome

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q31a. (Has a doctor or other health care provider) ever told you that CHILD had Arthritis or other joint problems?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q31a IS NOT "1," THEN GO TO K12Q32a.]**

K12Q31b. Does [CHILD] currently have Arthritis or other joint problems?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q32a. (Has a doctor or other health care provider) ever told you that CHILD had Allergies?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**[CATI INSTRUCTION: IF K12Q32a IS NOT "1," THEN GO TO K12Q33]**

K12Q32b. Does [CHILD] currently have Allergies?

1 Yes

2 No **[GO TO K12Q33]**

77 Don't know/Not sure **[GO TO K12Q33]**

99 Refused **[GO TO K12Q33]**

K12Q32c. Are any of these food allergies?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q33. Does anyone help you arrange or coordinate (CHILD)'s care among the different doctors or services that (he/she) uses?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K12Q43. How many hours per week do you or other family members spend arranging or coordinating (CHILD)'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on (CHILD)'s care needs.

\_\_\_ \_\_\_ Hours Per Week

0 None / Less Than One Hour

168 Around The Clock

77 Don't know/Not sure

99 Refused

### **Section 13: Oral Health**

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**[CATI: IF CHILD AGE < 1, GO TO NEXT SECTION]**

K13Q01. How would you rate the condition of (CHILD)'s teeth? Would you say their condition is: excellent, very good, good, fair, or poor?

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

7 Don't know/Not sure

9 Refused

K13Q02. Does (s/he) have a dentist or dental clinic where (s/he) goes regularly?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K13Q03. About how long has it been since (CHILD) last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

[Please read 1-6.]

- 1 Never
- 2 6 months or less
- 3 More than 6 months, but not more than 1 year ago
- 4 More than 1 year, but not more than 2 years ago
- 5 More than 2 years, but not more than 5 years ago
- 6 More than 5 years ago
  
- 7 Don't know/Not sure
- 9 Refused

## Section 14: Nutrition

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[CATI: IF CHILD AGE < 1, GO TO [NEXT SECTION](#)]

[CATI: IF K05Q04a = 888, GO TO K14Q06]

The next questions are about (CHILD)'s eating habits.

K14Q01. On a TYPICAL DAY, how many servings of fruit does (CHILD) eat?  
1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit is 1/2 cup or a medium piece of fruit]

[NOTE: Typical Day: "On average or think about a week and what the average would be."]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
  
- 7 Don't know/not sure
- 9 Refused

K14Q02. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) drink?  
1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit juice is a little less than a cup or 6 oz.]

[NOTE, Typical day: "On average, or think about a week and what the average would be."]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
  
- 7 Don't know/not sure
- 9 Refused

K14Q03. On a TYPICAL DAY, how many servings of vegetables does (CHILD) eat, not including french fries? 1 serving, 2 servings, 3 or more servings, or none.

[If necessary, say 'such as carrots, celery, or broccoli.']

**[NOTE:** A serving of vegetables is 1/2 cup of cooked or raw vegetable, or 1 cup of raw leafy salad greens.]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
  
- 7 Don't know/ Not sure
- 9 Refused

K14Q04. On a TYPICAL DAY, how many times does (CHILD) drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks? (Do not count 100% fruit juices.)

**[NOTE,** Typical day: "On average, or think about a week and what the average would be."]

- 1 1 time
- 2 2 times
- 3 3 or more times
- 4 None
  
- 7 Don't know/not sure
- 9 Refused

K14Q05. What type of milk does (CHILD) usually drink?

[Read 1-6 if necessary.]

- 1 Skim or non-fat
- 2 Lowfat (1/2 - 1%)
- 3 Reduced fat (2%; or Soymilk)
- 4 Whole (or goat's milk)
- 5 Flavored lowfat or skim
- 6 Flavored 2% or whole
  
- 88 Doesn't drink milk
- 77 Don't know/not sure
- 99 Refused

K14Q06. We are interested in learning where people get fresh fruits and vegetables and other healthy foods. Please tell me yes or no if you have gotten fresh fruits or vegetables from the following places in the past 12 months.

K14Q06a. In the past 12 months, did you buy fruits or vegetables locally grown such as from a farmer's market, Community Supported or Shared Agriculture, roadside stand, or pick-your-own produce?

**[NOTE:** Community Supported or Shared Agriculture are programs where a farmer sells directly to the public. Often membership or subscription is needed and in return the consumer receives a box of seasonal produce each week throughout the farming season.]

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K14Q06b. In the past 12 months, did you eat fruits or vegetables that you grew yourself?

- 1 Yes
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K14Q06c. In the past 12 months, in what kind of food store did your household do most of its food shopping?

- 1 Supermarkets or large superstores
- 2 Small grocery stores, such as mom and pop stores
- 3 Convenience Stores
- 4 Other store type
  
- 7 Don't know/Not sure
- 9 Refused

## Section 15: Whole Grain Foods

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[CATI: IF CHILD AGE < 1, GO TO [NEXT SECTION](#)]

[CATI: IF K05Q04a = 888, GO TO [NEXT SECTION](#)]

These next questions are about whole grain foods.

K15Q01. In the past week, has (CHILD) eaten any whole grain foods, such as whole grain breakfast cereals, whole wheat bread, brown rice, soft corn or whole wheat tortillas?

[If necessary say: "Whole grain foods usually have words such as 'whole wheat' or 'whole oats' as the first ingredient."]

- 1 Yes
- 2 No [[GO TO NEXT SECTION](#)]
- 7 Don't know/Not sure [[GO TO NEXT SECTION](#)]
- 9 Refused [[GO TO NEXT SECTION](#)]

K15Q02. **QUESTION STEM:** In the past week, how many times did (CHILD) eat:

K15Q02a. Whole grain cereals like Cheerios, Wheaties, Life, Bran Flakes or Grape Nuts?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

K15Q02b. Whole wheat breads or whole grain breads like 100% whole wheat or 12 grain bread?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

K15Q02c. Brown rice?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

K15Q02d. Soft corn or whole wheat tortillas?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

## Section 16: Physical Activity

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**[CATI: IF CHILD AGE < 2, GO TO K22Q01]**

K16Q01. On a typical day, how much total time does your child spend in physically active play?

- 1 None
- 2 Less than 20 min
- 3 20 minutes but less than 1 hour
- 4 1 hour but less than 2 hours
- 5 2 hours but less than 3 hours
- 6 3 hours or more
  
- 7 Don't know/Not sure
- 9 Refused

K16Q02. During the past week, on how many days did (CHILD) exercise, play a sport, or participate in physical activity for at least 60 minutes that made (him/her) sweat or breathe hard?

**[NOTE: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or roller skating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.]**

\_\_ : Number of Days (1 to 7 days; 88=none)

- 8 8 None
- 7 7. Don't know/Not Sure
- 9 9. Refused

K16Q03a. On an average weekday, about how much time does (CHILD) usually spend in front of a TV watching TV programs, videos, DVDs, or playing video games?

**[NOTE: Average weekday, "On a typical weekday, what do you think the average would be."]**

- \_\_\_ Enter value
- 888 DOES NOT SPEND ANY TIME WATCHING TV/VIDEOS OR DVDS
- 777 Don't know/Not sure
- 999 Refused

**[CATI: IF K16Q03a = 777, 999 THEN GO TO [K16Q04a](#);**

K16Q03b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

**[CATI IF (K16Q03a > 12) AND (K16Q03b = 2) THEN GO TO K16Q03bb. ELSE GO TO K16Q04a.]**

K16Q03bb. Interviewer you indicated that (CHILD) watched TV, videos or DVD's **[CATI INSERT K16Q03a K16Q03b]** a day. This is NOT an allowed value.

1 GO to K16Q03a to re-ask.

K16Q04a. On an average weekday, about how much time does (CHILD) usually spend with computers, cell phones, handheld video games, and other electronic devices doing things other than school work?

**[NOTE:** Average weekday, "On average, or think about a week and what the average would be."**]**

\_\_\_ Enter value

888 DOES NOT SPEND ANY TIME USING ELECTRONIC DEVICES

777 Don't know/Not sure

999 Refused

**[CATI: IF K16Q04a = 777, 999 THEN GO TO K16Q05; IF K16Q04a = 888 THEN GO TO K16Q04bv.]**

K16Q04b. MARK PERIOD

1 MINUTES

2 HOURS

K16Q04bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K16Q04a K16Q04b]** a day **[CATI: IF K16Q04a = 888, show** "does NOT spend ANY time using electronic devices."**]** using computers, cell phones, handheld video games, and other electronic devices. Is this correct?

1 Yes correct as is.

2 No, (will GO to K16Q04a to reask)

**[CATI IF (K16Q04a > 12) AND (K16Q04b = 2) THEN GO TO K16Q04bb. ELSE GO TO K16Q05.]**

K16Q04bb. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K16Q04a K16Q04b]** a day. This is NOT an allowed value.

1 GO to K16Q04a to reask.

K16Q05. Do any schools in your community allow people to use the school playing fields, playgrounds, or athletic facilities for their own personal exercise or recreation?

1 Yes

2 No **[GO TO [NEXT SECTION](#)]**

7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**

9 Refused **[GO TO [NEXT SECTION](#)]**

- K16Q06. In the past 12 months, how often did you or your child use these school playing fields, playgrounds, or athletic facilities for personal exercise or recreation? Would you say at least once a week, once a month, a few times a year or never?
- 1 At least once a week
  - 2 At least once a month
  - 3 A few times per year
  - 4 Never
- 
- 7 Don't know/Not sure
  - 9 Refused

## **Section 21: Tobacco Indicators**

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- K21Q01. Which of these best describes the rules about smoking inside the home where (CHILD) lives: smoking is NEVER allowed, smoking is SOMETIMES allowed or allowed in some places, or smoking is ALWAYS allowed inside where (s/he) lives?

**[NOTE:** 'home' refers to the place or places where the child lives including a house, apartment, condo, trailer or other place of residence.]

- 1 Never allowed inside the home where the child lives
  - 2 Sometimes allowed or allowed in some places where the child lives
  - 3 Always allowed inside the home where the child lives
- 
- 7 Don't know/Not sure
  - 9 Refused

## **Section 22: Parent Reaction to Child Weight**

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- K22Q01. How would you describe your child's weight? Would you say: very overweight, somewhat overweight, healthy weight, somewhat underweight, or very underweight?
- 1 Very overweight
  - 2 Somewhat overweight
  - 3 Healthy weight
  - 4 Somewhat underweight
  - 5 Very underweight
- 
- 7 Don't know/Not sure
  - 9 Refused

## Section 24: Height/Weight Follow-up

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Finally, we have a couple of follow-up questions on your child's height and weight. For research purposes, we need to gather information that is as up-to-date and accurate as possible.

K24Q01. During the next few days, could you (weigh/measure) (CHILD) and tell us the results? You could call us or we could call you.

- 1 Yes, respondent will call Survey Lab **[GO TO K24Q02a]**
- 2 Yes, Survey Lab to call the respondent **[schedule callback]**
- 3 No, not willing to weigh/measure
- 4 No way to weigh/measure child
  
- 7 Don't know/not sure
- 9 Refused

K24Q02a. Please call our toll-free number, 1-800-476-3803, in the next few days and provide the person who answers the phone with your phone number and (CHILD)'s (height/weight). If no one answers, please leave this information on our voice mail. Thanks for your cooperation.

### Height/Weight Call-back Script

K24Q03. Hello. This is (interviewer name) calling from the SC Department of Health and Environmental Control. Recently you completed our study on children's health in South Carolina and I'm calling back to see if you've had a chance to **[CATI FILL: "weigh" if K04Q01a = 7777 or K04Q01b = 1, 2, 6, 7, 9; "measure" if K04Q02a = 7777 or K04Q02b = 1,2,6,7,9; "weigh and measure" if K04Q01a =7777 or K04Q01b = 1, 2, 6, 7, 9 AND K04Q02a = 7777 or K04Q02b = 1,2,6,7,9]** (CHILD)?

- 1 Parent has child's weight only **[Go to K24Q01; schedule callback for height]**
- 2 Parent has child's height only **[Go to K24Q01; schedule a callback for weight]**
- 3 Parent has child's weight and height
- 4 Has neither **[schedule a callback]**

K24Q04. How much does (CHILD) weigh now?

**[NOTE:** If respondent's answer is metric place a '9' in the first position, see example below. Round fractions up.]

-- Enter weight in whole pounds or kilograms  
(Ex. 99 lbs = 0099, 45 kg = 9045)

**[CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex then show: "Interviewer you indicated the child weighs [CATI FILL: K24Q04]. IS THIS CORRECT?" Yes, correct as is -GO TO K24Q05; No, reask question – GO TO K24Q04.]**

K24Q05. How tall is (CHILD)?

**[INTERVIEWER NOTE:** If respondent's answer is metric place a '9' in the first position, see example below. Round fractions down.]

\_\_\_ Enter height in feet and inches (Ex. 5 feet 9 inches = 509)  
or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)

**[CATI: If height < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex show:**  
"Interviewer you indicated that (CHILD) was [CATI FILL: K24Q05] tall. IS THIS CORRECT?"  
**Yes, correct as is -CONTINUE; No, re-ask question – GO TO K24Q05.]**

## Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and health practices of South Carolina children.